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7-5-17-39  
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12368

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 24 1947

Registration District No. ....

Primary Registration District No. 3002

Registrar's No. 67

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Mexico Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Andrew Co. J  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM - HENNESSY

3. (b) If veteran, name war →

3. (c) Social Security No. →

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced S. J

6. (b) Name of husband or wife → 6. (c) Age of husband or wife if alive → years

7. Birth date of deceased aug 15 - 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 8 5 hr. min.

9. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business →

MOTHER FATHER { 12. Name Victor H. Hennessy

{ 13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

{ 14. Maiden name →

{ 15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant James Ryan

(b) Address Wellsville MO

17. (a) burial (b) Date thereof 4-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Catholic Church MO

18. (a) Signature of funeral director Blanche Speely

(b) Address 4-20-47 Blanche Speely  
Wellsville MO

19. (a) 4-20-47 (b) Blanche Speely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery 70

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles South Wellsville MO  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20  
year 1947 hour 4 minute a M.

21. I hereby certify that I attended the deceased from 3-26-47, 1947, to 4-20, 1947.  
that I last saw him alive on 4-20, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cecum and 2 strokes (inoperable)

Due to .....

Due to .....

Other conditions 4/6 Pa  
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations .....

Of autopsy .....

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence →

(c) Where did injury occur? →  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? → (Specify type of place)

(c) Means of injury 0

23. Signature Harry J. O'Brien (M. D. or other)

Address → Date signed 4-20-47

Approved  
District Health Officer No. 10  
District File Number 4-47-693  
Date Filed APR 22 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on the  
20th day of April 1947, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *C. W. Hopkins*  
Licensed Embalmer No. 1487  
P. O. Address *Montgomery, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)  
If this body is not embalmed, fact should be so stated above.